Utah Department of Health Division of Epidemiology and Laboratory Services Bureau of Communicable Disease Control, Tuberculosis Control/Refugee Health

CONTACT INVESTIGATION REPORT

Name of index case: Alias:								Date of birth			
Address								Home phone			
City/State					Zip Code			County			
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Name of contact	Relationship to index case	Age	DOB	Date of PPD	Results	Date of chest x-ray	Results		If LTBI, date started	Complete Date LTBI	
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